

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF MISSOURI

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Vincent**

First name

**Michael**

Middle name

**Giambalvo**

Last name and Suffix (Sr., Jr., II, III)

**Kenna**

First name

**Jo**

Middle name

**Giambalvo**

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

**Vince Michael Giambalvo**

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

**xxx-xx-0944**

**xxx-xx-9357**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and *doing business as* names

☐ I have not used any business name or EINs.

**FDBA KVMG Restaurant Group, LLC dba  
Giambalvo's Wood Fired Pizza & Pasta**

Business name(s)

EINs

☐ I have not used any business name or EINs.

**DBA KVMG Restaurant Group, LLC dba  
Giambalvo's Wood Fired Pizza & Pasta**

Business name(s)

EINs

**5. Where you live**

**12725 Hills Road  
Kearney, MO 64060**

Number, Street, City, State & ZIP Code

**Clay**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
- 
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
- 
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.
- ☐ Yes.
- |                |            |                   |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
- 
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No
- ☐ Yes.
- |                             |                           |
|-----------------------------|---------------------------|
| Debtor _____                | Relationship to you _____ |
| District _____              | When _____                |
| Case number, if known _____ |                           |
| Debtor _____                | Relationship to you _____ |
| District _____              | When _____                |
| Case number, if known _____ |                           |
- 
11. **Do you rent your residence?** ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

\_\_\_\_\_  
Name of business, if any

\_\_\_\_\_  
Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).*

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

☒ No.

☐ Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property? \_\_\_\_\_

\_\_\_\_\_  
Number, Street, City, State & Zip Code

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**
- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**
- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

<b>16. What kind of debts do you have?</b>	16a.	<b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  <input checked="" type="checkbox"/> No. Go to line 16b.  <input type="checkbox"/> Yes. Go to line 17.
	16b.	<b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  <input type="checkbox"/> No. Go to line 16c.  <input checked="" type="checkbox"/> Yes. Go to line 17.
	16c.	State the type of debts you owe that are not consumer debts or business debts  <hr/>

  

<b>17. Are you filing under Chapter 7?</b>  <b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input type="checkbox"/> No.  <input checked="" type="checkbox"/> Yes.	I am not filing under Chapter 7. Go to line 18.  I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes
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<b>18. How many Creditors do you estimate that you owe?</b>	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
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<b>19. How much do you estimate your assets to be worth?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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<b>20. How much do you estimate your liabilities to be?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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**Part 7: Sign Below**

<b>For you</b>	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>/s/ Vincent Michael Giambalvo</u>  <b>Vincent Michael Giambalvo</b>            Signature of Debtor 1         </div> <div style="width: 45%;"> <u>/s/ Kenna Jo Giambalvo</u>  <b>Kenna Jo Giambalvo</b>            Signature of Debtor 2         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">           Executed on <b>November 11, 2019</b>            MM / DD / YYYY         </div> <div style="width: 45%;">           Executed on <b>November 11, 2019</b>            MM / DD / YYYY         </div> </div>
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Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ David R. Barlow**

Signature of Attorney for Debtor

Date

**November 11, 2019**

MM / DD / YYYY

**David R. Barlow 43937 MO; 16582 KS**

Printed name

**Barlow & Niffen, PC**

Firm name

**1901 Swift Avenue**

**North Kansas City, MO 64116-3421**

Number, Street, City, State & ZIP Code

Contact phone **(816) 842-9009**

Email address

**barlow@kclawinfo.com**

**43937 MO; 16582 KS MO**

Bar number & State

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court  
Western District of Missouri**

In re **Vincent Michael Giambalvo  
Kenna Jo Giambalvo**

Debtor(s)

Case No.

Chapter **7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>2,500.00</b>
Prior to the filing of this statement I have received .....	\$	<b>0.00</b>
Balance Due .....	\$	<b>2,500.00</b>

2. \$ **335.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify): **Hyatt Legal Services. Additional fees paid upon request.**

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Per Contract. All services set forth in the Rights and Responsibilities Agreement.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Per Contract. Such fee does not include representation in adversary proceedings. Fees for post-confirmation services in Chapter 13 cases subject to court approval, based on the schedule contained in Local Rule 2016-1, or based on actual time records submitted by the attorney.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**November 11, 2019**

*Date*

**/s/ David R. Barlow**

**David R. Barlow 43937 MO; 16582 KS**

*Signature of Attorney*

**Barlow & Niffen, PC**

**1901 Swift Avenue**

**North Kansas City, MO 64116-3421**

**(816) 842-9009 Fax: (816)221-8040**

**barlow@kclawinfo.com**

*Name of law firm*



102.7FM  
455 Sam Barr Dr, Ste 209  
Kearney MO 64060

275-Consolidated Communications  
350 S Loop 336 W  
Conroe TX 77304

Aargon Agency Inc  
8668 Spring Moutain Rd  
Las Vegas NV 89117

Action Mailing & Printing Solutions  
3165 W Heartland Dr  
Liberty MO 64068

Alliance Radiology  
PO Box 804451  
Kansas City MO 64180

Ally Financial  
Payment Processing Center  
PO Box 9001951  
Louisville KY 40290-1951

American Express  
PO Box 297879  
Ft Lauderdale FL 33329-7879

Ameriglass Cleaning Inc  
PO Box 1362  
Liberty MO 64069

Bershire Hathaway Guard Insur Co  
Westguard Insurance Co  
PO Box 785570  
Philadelphia PA 19178-5570

Brandon Kinney  
5231 NE Antioch Rd #341  
Kansas City MO 64119

Brian Gerald Schierding  
PO Box 1566  
Jefferson City MO 65102

Brinks Home Security  
PO Box 814530  
Dallas TX 75381-4530

Capital One  
PO Box 30281  
Salt Lake City UT 84130-0281

Capital One  
PO Box 30253  
Salt Lake City UT 84130-0253

Central States Recovery  
PO Box 3130  
Hutchinson KS 67504-3130

Chase Cardmember Services  
PO Box 15298  
Wilmington DE 19850-5298

Cintas  
PO Box 88005  
Chicago IL 60680-1005

Cintas First Aid & Safety  
PO Box 631025  
Cincinnati OH 45263-1025

CitiCards  
PO Box 6241  
Sioux Falls SD 57117

City Water Department  
PO Box 797  
Kearney MO 64060

Clay County Collector  
1 Courthouse Square #6  
Liberty MO 64068

Clay County Public Health Center  
800 Haines Dr  
Liberty MO 64068

Consolidated Communications  
PO Box 580028  
Charlotte NC 28258-0028

Cooter's  
PO Box 683  
Lathrop MO 64465

Deer Valley Emerg Phy  
PO Box 99017  
Las Vegas NV 89193-9017

Diagnostic Imaging Center  
PO Box 25447  
Overland Park KS 66225

DJO LLC  
2900 Lake Vista Drive  
Lewisville TX 75067

Elite Financial  
PO Box 18508  
Raytown MO 64133

EnerBank USA  
PO Box 26856  
Salt Lake City UT 84126-0856

Envista Credit Union  
3626 SW Wanamaker Rd  
Topeka KS 66614

Farm to Market Bread Co.  
100 E 20th St.  
Kansas City MO 64108

First State Bank of St Charles  
206 North Fifth Street  
Saint Charles MO 63301

Flagstar Bank  
5151 Corporate Drive  
Attn: Mortgage Servicing  
E115-3  
Troy MI 48098

Foursight Capital  
Dept #2026  
PO Box 29675  
Phoenix AZ 85038-9675

Gamache & Myers, PC  
1000 Camera Ave Ste A  
Saint Louis MO 63126

Global Merchant Cash Inc  
64 Beaver St, Ste 415  
New York NY 10004

Heartland Clinic  
1314 N 36th St  
Saint Joseph MO 64500-6000

Heartland Health  
5325 Faraon St  
St Joseph MO 64506

Helzberg Card  
PO Box 60504  
City of Industry CA 91716-0504

Hospitality Management Systems  
8064 Reeder St  
Lenexa KS 66214

Internal Revenue Service  
ATTN: Mail Stop 5334  
Advisory/Insolvency  
2850 NE Independence Ave  
Lees Summit MO 64064

Internal Revenue Service  
Centralized Insolvency  
2970 Market St, 5th Floor  
Bankruptcy Department  
Philadelphia PA 19104

Internal Revenue Service  
Small Business and Self Employed  
MS 5334-LSM  
2850 NE Independence Ave  
Lees Summit MO 64064-2327

Islands Ed Med Srvcs of HI, LLC  
PO Box 99089  
Las Vegas NV 89193-9085

Johnson Mechanical Services LLC  
524 N Walnut  
Cameron MO 64429

Johnson Mechanical Services LLC  
30996 W 161st St  
Excelsior Springs MO 64024

JPMCB Card Services  
PO Box 15369  
Wilmington DE 19850

Kearney Trust Company  
310 W 92 Hwy  
Kearney MO 64060

Kona Community Hospital  
PO Box 29620  
Honolulu HI 96820-2020

KVMG Restaurant Group LLC  
dba Giambalvo's Wood Fired Pizza & Pasta  
751 Watson Dr, Ste H  
Kearney MO 64060-4518

Liberty Hospital  
PO Box 219419  
Kansas City MO 64121-9419

Liberty Hospital Physicians  
PO Box 219392  
Kansas City MO 64121-9392

Merel Copr  
111 John St, Ste 1210  
New York NY 10038

Missouri Department of Revenue  
Taxation Division  
PO Box 3345  
Jefferson City MO 65105-3345

Missouri Department of Revenue  
PO Box 475  
Jefferson City MO 65105-0475

Mosaic Life Care  
PO Box 800018  
Kansas City MO 64180-0018

Mosaic Life Care/Heartland Health  
PO Box 802223  
Kansas City MO 64180-2223

Nebraska Furniture Mart  
PO Box 2335  
Omaha NE 68103-2335

Nephrology Associates  
2790 Clay Edwards Dr, Ste 410  
North Kansas City 64116

Northwest Financial Services  
PO Box 848  
Saint Joseph MO 64502-0848

Northwest Financial Services  
620 Frederick ST  
Saint Joseph MO 64501

Northwest Financial Services  
620 Francis 4th Floor  
Saint Joseph MO 64501

NPG Newspapers, Inc.  
825 Edmond  
Saint Joseph MO 64501

NPG Newspapers, Inc.  
PO Box 219735  
Kansas City MO 64121-9375

NW Financial Services  
620 Francis 4th Floor  
Saint Joseph MO 64501

Pinnacle Imports KC  
2001 Pennsylvania Ave  
Kansas City MO 64108

Platte Clay Electric Coop., Inc.  
1000 W 92 Hwy  
Kearney MO 64060

Professional Account Mgmt  
PO Box 849  
Saint Joseph MO 64502-0849

Professional Anesthetic Care  
2525 Glenn Hendren Drive  
Liberty MO 64068

ProGuard Services & Solutions  
Ecolab Inc.  
PO Box 73043  
Chicago IL 60673

Quest Diagnostics  
PO Box 740780  
Cincinnati OH 45274-0780

Quick Bridge Funding LLC  
410 Exchange, Ste 410  
Irvine CA 92602

Radiology Specialists of St. Joseph  
PO Box 8252  
Saint Joseph MO 64508

Saint Luke's Health System  
PO Box 505327  
Saint Louis MO 63150-5327

Saint Luke's Physician Group  
PO Box 505291  
Saint Louis MO 63150-5291

SGC Foodservice  
2415 W Battlefield Rd  
Springfield MO 65807

SoFi Lending Corp  
One Letterman Dr, Bldg A, Ste 4700  
San Francisco CA 94129

Spire  
PO Drawer 2  
Saint Louis MO 63171

Star Aquisitions, Inc.  
DBA Star Development  
244 W Mill St, Ste 101  
Liberty MO 64068

Star Aquisitions, Inc.  
244 W Mill St, Ste 101  
Liberty MO 64068

State Collection Service  
2509 S. Stoughton Road  
Madison WI 53716-3314

SunTrust Bank  
VA-RVW 7952  
PO Box 85052  
Richmond VA 23285-5052

Synchrony Bank/Care Credit  
Attn: Bankruptcy Dept  
PO Box 965061  
Orlando FL 32896-5061

TD RCS/Yard Card  
1000 MacArthur Blvd  
Mahwah NJ 07430

The Liberty Clinic  
c/o Liberty Hospital Medical Group  
PO Box 219392  
Kansas City MO 64121-9392

The New Liberty Hospital District  
2525 Glen Hendren Drive  
Liberty MO 64068



Toast  
401 Park Drive, Ste 801  
Boston MA 02215

Transworld Systems  
500 Virginia Dr, Ste 514  
Fort Washington PA 19034

US Attorney  
Room 5510, U.S. Courthouse  
400 East 9th Street  
Kansas City MO 64106-2605

US Bank  
P.O. Box 790408  
Saint Louis MO 63179-0408

US Foods  
4725 NW US Hwy 24  
Topeka KS 66618

Wakefield & Assoc  
830 E Platte Ave Unit A  
PO Box 58  
Fort Morgan CO 80701

Wakefield & Associates Inc  
3702 W Truman Blvd  
PO Box 1566  
Jefferson City MO 65109

**United States Bankruptcy Court  
Western District of Missouri**

In re **Vincent Michael Giambalvo  
Kenna Jo Giambalvo**

Debtor(s)

Case No.  
Chapter

**7**

**VERIFICATION OF MAILING MATRIX**

The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my knowledge and includes the name and address of my ex-spouse (if any).

Date: **November 11, 2019**

**/s/ Vincent Michael Giambalvo**

**Vincent Michael Giambalvo**

Signature of Debtor

Date: **November 11, 2019**

**/s/ Kenna Jo Giambalvo**

**Kenna Jo Giambalvo**

Signature of Debtor

**Fill in this information to identify your case:**

Debtor 1 **Vincent Michael Giambalvo**  
First Name Middle Name Last Name

Debtor 2 **Kenna Jo Giambalvo**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF MISSOURI**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		Your assets Value of what you own
1. <b>Schedule A/B: Property</b> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	<b>330,000.00</b>
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	<b>62,068.41</b>
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	<b>392,068.41</b>

#### Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	<b>400,353.89</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$	<b>8,808.35</b>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$	<b>212,681.15</b>
<b>Your total liabilities</b>		<b>\$ 621,843.39</b>

#### Part 3: Summarize Your Income and Expenses

4. <b>Schedule I: Your Income</b> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$	<b>6,321.00</b>
5. <b>Schedule J: Your Expenses</b> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$	<b>6,321.00</b>

#### Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ \_\_\_\_\_

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
<b>From Part 4 on <i>Schedule E/F</i>, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>8,808.35</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>0.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <b>8,808.35</b>

**Fill in this information to identify your case and this filing:**

Debtor 1 **Vincent Michael Giambalvo**  
First Name Middle Name Last Name

Debtor 2 **Kenna Jo Giambalvo**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 106A/B**

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

**12725 Hills Road**

Street address, if available, or other description

**Kearney MO 64060-0000**  
City State ZIP Code

**Clay**  
County

**What is the property?** Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<b>\$330,000.00</b>	<b>\$330,000.00</b>

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**Tenancy by the Entirety**

☐ **Check if this is community property**  
(see instructions)

**2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>**

**\$330,000.00**

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No  
☒ Yes

3.1 Make: **Dodge**  
Model: **Ram 1500**  
Year: **2016**  
Approximate mileage: **56,000**  
Other information:  
**Crew Cab 4x4; VIN: 1C6RR7LT1GS151950**

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

**\$22,773.00**

**\$22,773.00**

3.2 Make: **Kia**  
Model: **Sorento**  
Year: **2016**  
Approximate mileage: **34,000**  
Other information:  
**VIN: 5XYPK4A1XGG027427**

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

**\$22,418.00**

**\$22,418.00**

3.3 Make: **Ford**  
Model: **Focus**  
Year: **2015**  
Approximate mileage: **79,000**  
Other information:  
**VIN: 1FADP3F21FL277907**

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

**\$7,600.00**

**\$7,600.00**

3.4 Make: **Carr**  
Model:  
Year: **2013**  
Approximate mileage:  
Other information:  
**Single Axel Flatbed Trailer VIN: 4YMUL1211DT013362**

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

**\$600.00**

**\$600.00**

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☐ No  
☒ Yes

4.1 Make: **Grasshopper**  
Model:  
Year:  
Other information:  
**Mower**

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

**\$2,500.00**

**\$2,500.00**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$55,891.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

*Examples:* Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

Living Room: Bookcase \$10, Chair \$100, Table \$10, Lamps \$15;  
Kitchen: Table \$45, Chairs \$20, Microwave \$30, Refrigerator \$150,  
Dishwasher \$50, Washing Machine \$50, Dryer \$50, Dishes \$50,  
Cookware \$50; Dining Room: Table \$50, Chairs \$20, Lamp \$5,  
Cabinet \$10; Bedroom #1: Bed \$50, Chair \$5, Dresser \$20;  
Bedroom #2: Bed \$50, Chair \$10, Dresser \$45; Garage: BBQ Grill  
\$50, Furniture \$40; Other Rooms, Misc.: Game Table \$50, Vacuum  
Cleaner \$20, Iron \$10, Linens \$15, Decor \$45.

**\$1,125.00**

Couch \$200 and Stove \$150

**\$350.00**

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

TV \$150, DVD Player \$5, Computer \$100, Game System \$50.

**\$305.00**

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

☒ Yes. Describe.....

Golf Clubs and Equipment

**\$10.00**

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Clothes

**\$250.00**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

**Wedding Rings**

**\$1,000.00**

**Misc. Rings, Earrings and Necklaces**

**\$400.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

**Dog**

**\$0.00**

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$3,440.00**

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No

☐ Yes.....

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

**17.1. Checking Account US Bank**

**\$202.48**

**17.2. Savings Account US Bank**

**\$1,150.84**

**17.3. Business Checking US Bank**

**\$119.94**

**17.4. Checking Account Kearney Trust (Account Joint with Debtor's Daughter. All funds are Daughter's.)**

**\$5.00**

**17.5. Savings Account Envista Credit Union**

**\$5.00**



Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples: Bond funds, investment accounts with brokerage firms, money market accounts*

☐ No

☒ Yes.....

Institution or issuer name:

**TD Ameritrade Canadian Shares (4)**

**\$46.90**

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☐ No

☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**KV&G Restaurant Group, LLC DBA Giambalvos  
Wood Fired Pizza & Pasta (Business Closed  
October, 2019)  
Business Equipment and Supplies (fixtures in  
possession of landlord)**

**100%** %

**Unknown**

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.*

*Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.*

☒ No

☐ Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans*

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

**IRA**

**Wells Fargo**

**\$240.97**

**2040 Fund**

**Vanguard**

**\$966.28**

**22. Security deposits and prepayments**

*Your share of all unused deposits you have made so that you may continue service or use from a company*

*Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others*

☒ No

☐ Yes. ....

Institution name or individual:

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

☒ No

☐ Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

*26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).*

☒ No

☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples: Internet domain names, websites, proceeds from royalties and licensing agreements*

☒ No

☐ Yes. Give specific information about them...

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**

*Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses*

- ☒ No  
☐ Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

- ☒ No  
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

*Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement*

- ☒ No  
☐ Yes. Give specific information.....

**30. Other amounts someone owes you**

*Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else*

- ☒ No  
☐ Yes. Give specific information..

**31. Interests in insurance policies**

*Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance*

- ☐ No  
☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**Farmers Life Insurance Term Life Policy (No Cash Value)**

**Kenna Giambalvo**

**\$0.00**

**Farmers Life Insurance Term Life Policy (No Cash Value)**

**Vincent Giambalvo**

**\$0.00**

**Farmers Life Insurance Accidental Death Policy (No Cash Value)**

**Kenna Giambalvo**

**\$0.00**

**Farmers Life Insurance Accidental Death Policy (No Cash Value)**

**Vincent Giambalvo**

**\$0.00**

**Term Life Insurance Through Debtor's Employer (No Cash Value)**

**\$0.00**

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No  
☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples: Accidents, employment disputes, insurance claims, or rights to sue*

- ☒ No

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

☐ Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$2,737.41**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

*Examples: Season tickets, country club membership*

☒ No

☐ Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....		<b>\$330,000.00</b>
56. Part 2: Total vehicles, line 5	<b>\$55,891.00</b>	
57. Part 3: Total personal and household items, line 15	<b>\$3,440.00</b>	
58. Part 4: Total financial assets, line 36	<b>\$2,737.41</b>	
59. Part 5: Total business-related property, line 45	<b>\$0.00</b>	
60. Part 6: Total farm- and fishing-related property, line 52	<b>\$0.00</b>	
61. Part 7: Total other property not listed, line 54	<b>\$0.00</b>	
62. Total personal property. Add lines 56 through 61...	<b>\$62,068.41</b>	Copy personal property total <b>\$62,068.41</b>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<b>\$392,068.41</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Vincent Michael Giambalvo</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Kenna Jo Giambalvo</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MISSOURI		
Case number (if known)			

☐ Check if this is an amended filing

**Official Form 106C**

**Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>12725 Hills Road Kearney, MO 64060 Clay County</b> Line from <i>Schedule A/B</i> : 1.1	<b>\$330,000.00</b>	<input checked="" type="checkbox"/> \$15,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.475</b>
<b>2016 Kia Sorrento 34,000 miles VIN: 5XYPK4A1XGG027427</b> Line from <i>Schedule A/B</i> : 3.2	<b>\$22,418.00</b>	<input checked="" type="checkbox"/> \$3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(5)</b>
<b>2015 Ford Focus 79,000 miles VIN: 1FADP3F21FL277907</b> Line from <i>Schedule A/B</i> : 3.3	<b>\$7,600.00</b>	<input checked="" type="checkbox"/> \$3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(5)</b>
<b>2013 Carr Single Axel Flatbed Trailer VIN: 4YMUL1211DT013362</b> Line from <i>Schedule A/B</i> : 3.4	<b>\$600.00</b>	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.440</b>
<b>Grasshopper Mower</b> Line from <i>Schedule A/B</i> : 4.1	<b>\$2,500.00</b>	<input checked="" type="checkbox"/> \$324.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.440</b>

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Living Room: Bookcase \$10, Chair \$100, Table \$10, Lamps \$15; Kitchen: Table \$45, Chairs \$20, Microwave \$30, Refrigerator \$150, Dishwasher \$50, Washing Machine \$50, Dryer \$50, Dishes \$50, Cookware \$50; Dining Room: Table \$50, Chairs \$20, Lamp \$5, Cabinet \$</b> Line from Schedule A/B: <b>6.1</b>	<b>\$1,125.00</b>	<input checked="" type="checkbox"/> <b>\$1,125.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(1)</b>
<b>Couch \$200 and Stove \$150</b> Line from Schedule A/B: <b>6.2</b>	<b>\$350.00</b>	<input checked="" type="checkbox"/> <b>\$350.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(1)</b>
<b>TV \$150, DVD Player \$5, Computer \$100, Game System \$50.</b> Line from Schedule A/B: <b>7.1</b>	<b>\$305.00</b>	<input checked="" type="checkbox"/> <b>\$305.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(1)</b>
<b>Golf Clubs and Equipment</b> Line from Schedule A/B: <b>9.1</b>	<b>\$10.00</b>	<input checked="" type="checkbox"/> <b>\$10.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(1)</b>
<b>Clothes</b> Line from Schedule A/B: <b>11.1</b>	<b>\$250.00</b>	<input checked="" type="checkbox"/> <b>\$250.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(1)</b>
<b>Wedding Rings</b> Line from Schedule A/B: <b>12.1</b>	<b>\$1,000.00</b>	<input checked="" type="checkbox"/> <b>\$1,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(2)</b>
<b>Misc. Rings, Earrings and Necklaces</b> Line from Schedule A/B: <b>12.2</b>	<b>\$400.00</b>	<input checked="" type="checkbox"/> <b>\$400.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(2)</b>
<b>Checking Account: US Bank</b> Line from Schedule A/B: <b>17.1</b>	<b>\$202.48</b>	<input checked="" type="checkbox"/> <b>\$202.48</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.440</b>
<b>Savings Account: US Bank</b> Line from Schedule A/B: <b>17.2</b>	<b>\$1,150.84</b>	<input checked="" type="checkbox"/> <b>\$1,150.84</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(3)</b>
<b>Business Checking: US Bank</b> Line from Schedule A/B: <b>17.3</b>	<b>\$119.94</b>	<input checked="" type="checkbox"/> <b>\$2.26</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(3)</b>

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>TD Ameritrade Canadian Shares (4)</b> Line from Schedule A/B: 18.1	<b>\$46.90</b>	<input checked="" type="checkbox"/> <b>\$46.90</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(3)</b>
<b>IRA: Wells Fargo</b> Line from Schedule A/B: 21.1	<b>\$240.97</b>	<input checked="" type="checkbox"/> <b>100%</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(10)(f)</b>
<b>2040 Fund: Vanguard</b> Line from Schedule A/B: 21.2	<b>\$966.28</b>	<input checked="" type="checkbox"/> <b>100%</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(10)(f)</b>
<b>Farmers Life Insurance Term Life Policy (No Cash Value)</b> <b>Beneficiary: Kenna Giambalvo</b> Line from Schedule A/B: 31.1	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>100%</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(7)</b>
<b>Farmers Life Insurance Term Life Policy (No Cash Value)</b> <b>Beneficiary: Vincent Giambalvo</b> Line from Schedule A/B: 31.2	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>100%</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(7)</b>
<b>Farmers Life Insurance Accidental Death Policy (No Cash Value)</b> <b>Beneficiary: Kenna Giambalvo</b> Line from Schedule A/B: 31.3	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>100%</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(7)</b>
<b>Farmers Life Insurance Accidental Death Policy (No Cash Value)</b> <b>Beneficiary: Vincent Giambalvo</b> Line from Schedule A/B: 31.4	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>100%</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(7)</b>
<b>Term Life Insurance Through Debtor's Employer (No Cash Value)</b> Line from Schedule A/B: 31.5	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>100%</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>RSMo § 513.430.1(7)</b>

3. **Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1	<b>Vincent Michael Giambalvo</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Kenna Jo Giambalvo</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MISSOURI		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 <b>Ally Financial</b> Creditor's Name <b>Payment Processing Center PO Box 9001951 Louisville, KY 40290-1951</b> Number, Street, City, State & Zip Code	<b>Describe the property that secures the claim:</b> <b>2016 Kia Sorrento 34,000 miles VIN: 5XYPK4A1XGG027427</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Purchase Money Security Interest</u>	<b>\$22,759.00</b>	<b>\$22,418.00</b>
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<b>Date debt was incurred</b> <u>07/27/18</u> <b>Last 4 digits of account number</b> <u>1025</u>		

2.2 <b>Envista Credit Union</b> Creditor's Name <b>3626 SW Wanamaker Rd Topeka, KS 66614</b> Number, Street, City, State & Zip Code	<b>Describe the property that secures the claim:</b> <b>2016 Dodge Ram 1500 56,000 miles Crew Cab 4x4; VIN: 1C6RR7LT1GS151950</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Purchase Money Security Interest</u>	<b>\$31,642.00</b>	<b>\$22,773.00</b>	<b>\$8,869.00</b>
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<b>Date debt was incurred</b> <u>08/27/16</u> <b>Last 4 digits of account number</b> <u>5550</u>			

Debtor 1 **Vincent Michael Giambalvo**

Case number (if known)

First Name Middle Name Last Name

Debtor 2 **Kenna Jo Giambalvo**

First Name Middle Name Last Name

**2.3 Flagstar Bank**

Creditor's Name

**5151 Corporate Drive  
Attn: Mortgage Servicing  
E115-3  
Troy, MI 48098**

Number, Street, City, State & Zip Code

**Describe the property that secures the claim:**

**12725 Hills Road Kearney, MO  
64060 Clay County**

**\$282,277.75**

**\$330,000.00**

**\$0.00**

**As of the date you file, the claim is:** Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**First Mortgage**

**Who owes the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred **04/25/16**

Last 4 digits of account number **0107**

**2.4 Foursight Capital**

Creditor's Name

**Dept #2026  
PO Box 29675  
Phoenix, AZ 85038-9675**

Number, Street, City, State & Zip Code

**Describe the property that secures the claim:**

**2015 Ford Focus 79,000 miles  
VIN: 1FADP3F21FL277907**

**\$8,610.57**

**\$7,600.00**

**\$1,010.57**

**As of the date you file, the claim is:** Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Purchase Money Security Interest**

**Who owes the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred **12/08/18**

Last 4 digits of account number **4234**

**2.5 Kearney Trust Company**

Creditor's Name

**310 W 92 Hwy  
Kearney, MO 64060**

Number, Street, City, State & Zip Code

**Describe the property that secures the claim:**

**12725 Hills Road Kearney, MO  
64060 Clay County**

**\$52,220.91**

**\$330,000.00**

**\$4,498.66**

**As of the date you file, the claim is:** Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Second Mortgage-Borrowed to invest in business**

**Who owes the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred **2018**

Last 4 digits of account number **0944**



Debtor 1 **Vincent Michael Giambalvo**

Case number (if known)

First Name Middle Name Last Name

Debtor 2 **Kenna Jo Giambalvo**

First Name Middle Name Last Name

**2.6 Nebraska Furniture Mart**

Creditor's Name

Describe the property that secures the claim:

**\$667.66**

**\$350.00**

**\$317.66**

**Couch \$200 and Stove \$150**

**PO Box 2335**

**Omaha, NE 68103-2335**

Number, Street, City, State & Zip Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

Who owes the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred **2018**

Last 4 digits of account number **4239**

**2.7 TD RCS/Yard Card**

Creditor's Name

Describe the property that secures the claim:

**\$2,176.00**

**\$2,500.00**

**\$0.00**

**Grasshopper Mower**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Security Agreement**

Who owes the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred **04/27/16**

Last 4 digits of account number **XXXX**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$400,353.89**

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

**\$400,353.89**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐

Name, Number, Street, City, State & Zip Code

**First State Bank of St Charles**

**206 North Fifth Street**

**Saint Charles, MO 63301**

On which line in Part 1 did you enter the creditor? **2.3**

Last 4 digits of account number

**Fill in this information to identify your case:**

Debtor 1 **Vincent Michael Giambalvo**  
First Name Middle Name Last Name

Debtor 2 **Kenna Jo Giambalvo**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF MISSOURI**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 106E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<b>Internal Revenue Service</b> <small>Priority Creditor's Name</small> <b>ATTN: Mail Stop 5334</b> <b>Advisory/Insolvency</b> <b>2850 NE Independence Ave</b> <b>Lees Summit, MO 64064</b> <small>Number Street City State Zip Code</small>	Last 4 digits of account number <b>9357</b>	<b>\$3,642.13</b>	<b>\$3,642.13</b>
	<b>When was the debt incurred?</b> <b>09/30/19</b>			<b>\$0.00</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>				
<p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p> <p><b>Employment Taxes</b></p>				

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

2.2	<b>Missouri Department of Revenue</b> Priority Creditor's Name <b>Taxation Division</b> <b>PO Box 3345</b> <b>Jefferson City, MO 65105-3345</b> Number Street City State Zip Code	Last 4 digits of account number <b>9357</b>	<b>\$5,166.22</b>	<b>\$5,166.22</b>	<b>\$0.00</b>
	When was the debt incurred? <b>09/30/19</b>				
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
		<b>Sales Tax</b>			

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	<b>102.7FM</b> Nonpriority Creditor's Name <b>455 Sam Barr Dr, Ste 209</b> <b>Kearney, MO 64060</b> Number Street City State Zip Code	Last 4 digits of account number <b>1770</b>	<b>Total claim</b> <b>\$200.00</b>		
	When was the debt incurred? <b>2019</b>				
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Business Debt</b>			

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.2

**Action Mailing & Printing Solutions**

Nonpriority Creditor's Name

**3165 W Heartland Dr  
Liberty, MO 64068**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **3813**

**\$949.92**

**When was the debt incurred?**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business Debt**

4.3

**Alliance Radiology**

Nonpriority Creditor's Name

**PO Box 804451  
Kansas City, MO 64180**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **9520**

**\$48.52**

**When was the debt incurred?**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

4.4

**Alliance Radiology**

Nonpriority Creditor's Name

**PO Box 804451  
Kansas City, MO 64180**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **4444**

**\$141.00**

**When was the debt incurred?** **2017**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.5	<b>American Express</b> Nonpriority Creditor's Name <b>PO Box 297879</b> <b>Ft Lauderdale, FL 33329-7879</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>1009</u> <b>When was the debt incurred?</b> <u>2017-2019</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Purchases</u>	<b>\$1,782.00</b>
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4.6	<b>Ameriglass Cleaning Inc</b> Nonpriority Creditor's Name <b>PO Box 1362</b> <b>Liberty, MO 64069</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debt</u>	<b>\$458.00</b>
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4.7	<b>Bershire Hathaway Guard Insur Co</b> Nonpriority Creditor's Name <b>Westguard Insurance Co</b> <b>PO Box 785570</b> <b>Philadelphia, PA 19178-5570</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>8658</u> <b>When was the debt incurred?</b> <u>2019</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debt</u>	<b>\$3,156.76</b>
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Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.8

**Brinks Home Security**

Nonpriority Creditor's Name

**PO Box 814530**  
**Dallas, TX 75381-4530**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Contract for Security System/Services**

4.9

**Capital One**

Nonpriority Creditor's Name

**PO Box 30281**  
**Salt Lake City, UT 84130-0281**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**XXXX**

**\$64.00**

When was the debt incurred?

**2014-2019**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Card Purchases**

4.1  
0

**Chase Cardmember Services**

Nonpriority Creditor's Name

**PO Box 15298**  
**Wilmington, DE 19850-5298**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**9397**

**\$5,976.00**

When was the debt incurred?

**2016-2019**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Card Purchases**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.1  
1

**Chase Cardmember Services**

Nonpriority Creditor's Name

**PO Box 15298**

**Wilmington, DE 19850-5298**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5373**

**\$7,208.00**

When was the debt incurred? **2015-2019**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Purchases**

4.1  
2

**Chase Cardmember Services**

Nonpriority Creditor's Name

**PO Box 15298**

**Wilmington, DE 19850-5298**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8203**

**\$4,617.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Purchases**

4.1  
3

**Cintas**

Nonpriority Creditor's Name

**PO Box 88005**

**Chicago, IL 60680-1005**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0497**

**\$911.67**

When was the debt incurred? **09/26/19**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business Debt**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

4.1  
4

**Cintas First Aid & Safety**

Nonpriority Creditor's Name

**PO Box 631025**

**Cincinnati, OH 45263-1025**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **3282**

**\$822.81**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business Debt**

4.1  
5

**CitiCards**

Nonpriority Creditor's Name

**PO Box 6241**

**Sioux Falls, SD 57117**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **XXXX**

**\$4,007.00**

When was the debt incurred? **2016-2019**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Purchases**

4.1  
6

**City Water Department**

Nonpriority Creditor's Name

**PO Box 797**

**Kearney, MO 64060**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9730**

**\$1,173.92**

When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business Debt**



Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.1  
7

**Clay County Public Health Center**

Nonpriority Creditor's Name

**800 Haines Dr  
Liberty, MO 64068**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0078**

**\$150.00**

When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business Debt**

4.1  
8

**Consolidated Communications**

Nonpriority Creditor's Name

**PO Box 580028  
Charlotte, NC 28258-0028**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1333**

**\$1,318.97**

When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business Debt**

4.1  
9

**Cooter's**

Nonpriority Creditor's Name

**PO Box 683  
Lathrop, MO 64465**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4465**

**\$165.00**

When was the debt incurred? **09/17/19**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business Debt**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.2  
0

**Deer Valley Emerg Phy**

Nonpriority Creditor's Name

**PO Box 99017**

**Las Vegas, NV 89193-9017**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6065**

**\$43.45**

When was the debt incurred? **07/19/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Services**

4.2  
1

**Diagnostic Imaging Center**

Nonpriority Creditor's Name

**PO Box 25447**

**Overland Park, KS 66225**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6121**

**\$76.56**

When was the debt incurred? **05/31/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Services**

4.2  
2

**Diagnostic Imaging Center**

Nonpriority Creditor's Name

**PO Box 25447**

**Overland Park, KS 66225**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7476**

**\$159.73**

When was the debt incurred? **10/04/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Services**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.2  
3

**DJO LLC**

Nonpriority Creditor's Name  
**2900 Lake Vista Drive**  
**Lewisville, TX 75067**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **988R**

**\$110.95**

When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Goods & Services**

4.2  
4

**Elite Financial**

Nonpriority Creditor's Name  
**PO Box 18508**  
**Raytown, MO 64133**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **3108**

**\$242.45**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection Agent for Dr. Marx**

4.2  
5

**EnerBank USA**

Nonpriority Creditor's Name  
**PO Box 26856**  
**Salt Lake City, UT 84126-0856**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2948**

**\$10,989.78**

When was the debt incurred? **01/31/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Personal Loan**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

4.2  
6

**EnerBank USA**

Nonpriority Creditor's Name

**PO Box 26856**

**Salt Lake City, UT 84126-0856**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$10,890.98**

When was the debt incurred? **1/31/18**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal Loan**

4.2  
7

**Farm to Market Bread Co.**

Nonpriority Creditor's Name

**100 E 20th St.**

**Kansas City, MO 64108**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$299.22**

When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business Debt**

4.2  
8

**Global Merchant Cash Inc**

Nonpriority Creditor's Name

**64 Beaver St, Ste 415**

**New York, NY 10004**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$23,792.18**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business Debt**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.2 9	<b>Heartland Clinic</b> Nonpriority Creditor's Name <b>1314 N 36th St</b> <b>Saint Joseph, MO 64500-6000</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>6145</u> <b>\$127.89</b>  <b>When was the debt incurred?</b> <u>2018</u>  <b>As of the date you file, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>
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4.3 0	<b>Heartland Clinic</b> Nonpriority Creditor's Name <b>1314 N 36th St</b> <b>Saint Joseph, MO 64500-6000</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>8948</u> <b>\$105.00</b>  <b>When was the debt incurred?</b> <u>2017</u>  <b>As of the date you file, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>
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4.3 1	<b>Heartland Clinic</b> Nonpriority Creditor's Name <b>1314 N 36th St</b> <b>Saint Joseph, MO 64500-6000</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>0265</u> <b>\$103.00</b>  <b>When was the debt incurred?</b> <u>2017</u>  <b>As of the date you file, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>
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Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.3  
2

**Heartland Clinic**

Nonpriority Creditor's Name

**1314 N 36th St  
Saint Joseph, MO 64500-6000**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **9595**

**\$1,273.00**

When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Services**

4.3  
3

**Heartland Clinic**

Nonpriority Creditor's Name

**1314 N 36th St  
Saint Joseph, MO 64500-6000**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **9596**

**\$220.00**

When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Services**

4.3  
4

**Heartland Clinic**

Nonpriority Creditor's Name

**1314 N 36th St  
Saint Joseph, MO 64500-6000**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0343**

**\$76.00**

When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Services**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.3  
5

**Heartland Health**

Nonpriority Creditor's Name

**5325 Faraon St  
St Joseph, MO 64506**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8279**

**\$3,894.49**

When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

4.3  
6

**Helzberg Card**

Nonpriority Creditor's Name

**PO Box 60504  
City of Industry, CA 91716-0504**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0523**

**\$3,182.01**

When was the debt incurred? **2015-2019**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Purchases**

4.3  
7

**Hospitality Management Systems**

Nonpriority Creditor's Name

**8064 Reeder St  
Lenexa, KS 66214**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9510**

**\$290.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business Debt**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

4.3  
8

**Islands Ed Med Svcs of HI, LLC**

Nonpriority Creditor's Name

**PO Box 99089**

**Las Vegas, NV 89193-9085**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **8897**

**\$296.86**

When was the debt incurred? **02/23/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Services**

4.3  
9

**Johnson Mechanical Services LLC**

Nonpriority Creditor's Name

**524 N Walnut**

**Cameron, MO 64429**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6725**

**\$270.83**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Business Debt**

4.4  
0

**Johnson Mechanical Services LLC**

Nonpriority Creditor's Name

**524 N Walnut**

**Cameron, MO 64429**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6726**

**\$245.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Business Debt**



Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.4  
1

**Kona Community Hospital**

Nonpriority Creditor's Name

**PO Box 29620**

**Honolulu, HI 96820-2020**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2191**

**\$1,210.06**

When was the debt incurred? **02/23/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

4.4  
2

**Liberty Hospital**

Nonpriority Creditor's Name

**PO Box 219419**

**Kansas City, MO 64121-9419**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7987**

**\$108.80**

When was the debt incurred? **02/22/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

4.4  
3

**Liberty Hospital**

Nonpriority Creditor's Name

**PO Box 219419**

**Kansas City, MO 64121-9419**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0700**

**\$293.11**

When was the debt incurred? **03/09/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.4  
4

**Liberty Hospital Physicians**

Nonpriority Creditor's Name

**PO Box 219392**

**Kansas City, MO 64121-9392**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8779**

**\$401.91**

When was the debt incurred? **02/22/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

4.4  
5

**Mosaic Life Care**

Nonpriority Creditor's Name

**PO Box 800018**

**Kansas City, MO 64180-0018**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2946**

**\$76.74**

When was the debt incurred? **02/28/18**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

4.4  
6

**Mosaic Life Care**

Nonpriority Creditor's Name

**PO Box 800018**

**Kansas City, MO 64180-0018**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4393**

**\$158.77**

When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.4  
7

**Mosaic Life Care**

Nonpriority Creditor's Name

**PO Box 800018**

**Kansas City, MO 64180-0018**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **4393**

**\$128.77**

When was the debt incurred? **11/21/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Services**

4.4  
8

**Nephrology Associates**

Nonpriority Creditor's Name

**2790 Clay Edwards Dr, Ste 410**

**North Kansas City 64116**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **3286**

**\$113.75**

When was the debt incurred? **09/19/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Services**

4.4  
9

**NPG Newspapers, Inc.**

Nonpriority Creditor's Name

**825 Edmond**

**Saint Joseph, MO 64501**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **3297**

**\$1,387.54**

When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Business Debt**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

4.5  
0

**Pinnacle Imports KC**

Nonpriority Creditor's Name  
**2001 Pennsylvania Ave**  
**Kansas City, MO 64108**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **4222**

**\$829.25**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Business Debt**

4.5  
1

**Platte Clay Electric Coop., Inc.**

Nonpriority Creditor's Name  
**1000 W 92 Hwy**  
**Kearney, MO 64060**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6258**

**\$6,256.88**

When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Business Debt**

4.5  
2

**Professional Anesthetic Care**

Nonpriority Creditor's Name  
**2525 Glenn Hendren Drive**  
**Liberty, MO 64068**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$1,002.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Services; Judgment, Case no. 18CY-CV13174**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

4.5  
3

**ProGuard Services & Solutions**

Nonpriority Creditor's Name

**Ecolab Inc.**  
**PO Box 73043**  
**Chicago, IL 60673**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **8553**

**\$147.44**

**When was the debt incurred?** **10/17/19**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business Debt**

4.5  
4

**ProGuard Services & Solutions**

Nonpriority Creditor's Name

**Ecolab Inc.**  
**PO Box 73043**  
**Chicago, IL 60673**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **8552**

**\$105.30**

**When was the debt incurred?** **10/17/19**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business Debt**

4.5  
5

**ProGuard Services & Solutions**

Nonpriority Creditor's Name

**Ecolab Inc.**  
**PO Box 73043**  
**Chicago, IL 60673**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **1093**

**\$442.32**

**When was the debt incurred?** **07/17/19**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business Debt**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.5  
6

**ProGuard Services & Solutions**

Nonpriority Creditor's Name

**Ecolab Inc.**  
**PO Box 73043**  
**Chicago, IL 60673**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **1092**

**\$315.90**

When was the debt incurred? **07/17/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Business Debt**

4.5  
7

**Quest Diagnostics**

Nonpriority Creditor's Name

**PO Box 740780**  
**Cincinnati, OH 45274-0780**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7143**

**\$14.81**

When was the debt incurred? **06/12/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Services**

4.5  
8

**Quest Diagnostics**

Nonpriority Creditor's Name

**PO Box 740780**  
**Cincinnati, OH 45274-0780**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0093**

**\$7.88**

When was the debt incurred? **06/12/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Services**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.5  
9

**Quest Diagnostics**

Nonpriority Creditor's Name

**PO Box 740780**

**Cincinnati, OH 45274-0780**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2961**

**\$37.12**

When was the debt incurred? **04/29/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Services**

4.6  
0

**Quick Bridge Funding LLC**

Nonpriority Creditor's Name

**410 Exchange, Ste 410**

**Irvine, CA 92602**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **521A**

**\$14,154.56**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Business Debt**

4.6  
1

**Radiology Specialists of St. Joseph**

Nonpriority Creditor's Name

**PO Box 8252**

**Saint Joseph, MO 64508**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **9296**

**\$21.41**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Services**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.6  
2

**Radiology Specialists of St. Joseph**

Nonpriority Creditor's Name

**PO Box 8252**

**Saint Joseph, MO 64508**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4897**

**\$1,965.81**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

4.6  
3

**Radiology Specialists of St. Joseph**

Nonpriority Creditor's Name

**PO Box 8252**

**Saint Joseph, MO 64508**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4984**

**\$208.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

4.6  
4

**Saint Luke's Health System**

Nonpriority Creditor's Name

**PO Box 505327**

**Saint Louis, MO 63150-5327**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8218**

**\$43.71**

When was the debt incurred? **06/06/19**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**



Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.6  
5

**Saint Luke's Health System**

Nonpriority Creditor's Name

**PO Box 505327**

**Saint Louis, MO 63150-5327**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8218**

**\$3,244.00**

When was the debt incurred? **09/19/19**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

4.6  
6

**Saint Luke's Physician Group**

Nonpriority Creditor's Name

**PO Box 505291**

**Saint Louis, MO 63150-5291**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8218**

**\$129.21**

When was the debt incurred? **03/25/19**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

4.6  
7

**Saint Luke's Physician Group**

Nonpriority Creditor's Name

**PO Box 505291**

**Saint Louis, MO 63150-5291**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2174**

**\$134.12**

When was the debt incurred? **06/17/19**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.6  
8

**Saint Luke's Physician Group**

Nonpriority Creditor's Name

**PO Box 505291**

**Saint Louis, MO 63150-5291**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **8218**

**\$161.00**

When was the debt incurred? **06/06/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Services**

4.6  
9

**Saint Luke's Physician Group**

Nonpriority Creditor's Name

**PO Box 505291**

**Saint Louis, MO 63150-5291**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2174**

**\$497.29**

When was the debt incurred? **06/17/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Services**

4.7  
0

**SGC Foodservice**

Nonpriority Creditor's Name

**2415 W Battlefield Rd  
Springfield, MO 65807**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2290**

**\$2,257.78**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Business Debt**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

4.7  
1

**SoFi Lending Corp**

Nonpriority Creditor's Name

**One Letterman Dr, Bldg A, Ste 4700  
San Francisco, CA 94129**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **L287**

**\$24,760.00**

When was the debt incurred? **12/14/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Personal Loan**

4.7  
2

**Spire**

Nonpriority Creditor's Name

**PO Drawer 2  
Saint Louis, MO 63171**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **5095**

**\$1,491.82**

When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Business Debt**

4.7  
3

**Star Aquisitions, Inc.**

Nonpriority Creditor's Name

**DBA Star Development  
244 W Mill St, Ste 101  
Liberty, MO 64068**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**Unknown**

When was the debt incurred? **01/10/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Business Lease**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.7  
4

**SunTrust Bank**

Nonpriority Creditor's Name

**VA-RVW 7952**  
**PO Box 85052**  
**Richmond, VA 23285-5052**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **5101**

**\$3,023.00**

When was the debt incurred? **06/01/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Personal Loan**

4.7  
5

**SunTrust Bank**

Nonpriority Creditor's Name

**VA-RVW 7952**  
**PO Box 85052**  
**Richmond, VA 23285-5052**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **3797**

**\$14,050.00**

When was the debt incurred? **05/06/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Personal Loan**

4.7  
6

**Synchrony Bank/Care Credit**

Nonpriority Creditor's Name

**Attn: Bankruptcy Dept**  
**PO Box 965061**  
**Orlando, FL 32896-5061**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **4407**

**\$2,087.71**

When was the debt incurred? **2017-2019**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Card Purchases**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.7  
7

**The Liberty Clinic**

Nonpriority Creditor's Name  
**c/o Liberty Hospital Medical Group**  
**PO Box 219392**  
**Kansas City, MO 64121-9392**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7614**

**\$32.49**

When was the debt incurred? **04/19/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Services**

4.7  
8

**The New Liberty Hospital District**

Nonpriority Creditor's Name  
**2525 Glen Hendren Drive**  
**Liberty, MO 64068**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**\$6,434.58**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Judgment, Case no. 18CY-CV13139**

4.7  
9

**Transworld Systems**

Nonpriority Creditor's Name  
**500 Virginia Dr, Ste 514**  
**Fort Washington, PA 19034**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **9256**

**\$124.06**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection Account**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

4.8  
0

**US Bank**

Last 4 digits of account number **6285**

**\$2,069.88**

Nonpriority Creditor's Name

**P.O. Box 790408**

**Saint Louis, MO 63179-0408**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? **2013-2019**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Purchases**

4.8  
1

**US Foods**

Last 4 digits of account number **3746**

**\$32,912.42**

Nonpriority Creditor's Name

**4725 NW US Hwy 24**

**Topeka, KS 66618**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business Debt**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**275-Consolidated Communications**

**350 S Loop 336 W**

**Conroe, TX 77304**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Aargon Agency Inc**

**8668 Spring Mountain Rd**

**Las Vegas, NV 89117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**7036**

Name and Address

**Brandon Kinney**

**5231 NE Antioch Rd #341**

**Kansas City, MO 64119**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.52** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Brian Gerald Schierding**

**PO Box 1566**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.78** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

**Jefferson City, MO 65102**

Last 4 digits of account number

Name and Address

**Capital One**  
**PO Box 30253**  
**Salt Lake City, UT 84130-0253**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Central States Recovery**  
**PO Box 3130**  
**Hutchinson, KS 67504-3130**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**3779**

Name and Address

**Central States Recovery**  
**PO Box 3130**  
**Hutchinson, KS 67504-3130**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Gamache & Myers, PC**  
**1000 Camera Ave Ste A**  
**Saint Louis, MO 63126**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.52** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Internal Revenue Service**  
**Centralized Insolvency**  
**2970 Market St, 5th Floor**  
**Bankruptcy Department**  
**Philadelphia, PA 19104**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Internal Revenue Service**  
**Small Business and Self Employed**  
**MS 5334-LSM**  
**2850 NE Independence Ave**  
**Lees Summit, MO 64064-2327**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Johnson Mechanical Services LLC**  
**30996 W 161st St**  
**Excelsior Springs, MO 64024**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Johnson Mechanical Services LLC**  
**30996 W 161st St**  
**Excelsior Springs, MO 64024**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**JPMCB Card Services**  
**PO Box 15369**  
**Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**JPMCB Card Services**  
**PO Box 15369**  
**Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**JPMCB Card Services**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

**PO Box 15369**  
**Wilmington, DE 19850**

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Merel Copr**  
**111 John St, Ste 1210**  
**New York, NY 10038**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Mosaic Life Care/Heartland Health**  
**PO Box 802223**  
**Kansas City, MO 64180-2223**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Northwest Financial Services**  
**PO Box 848**  
**Saint Joseph, MO 64502-0848**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.61** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Northwest Financial Services**  
**PO Box 848**  
**Saint Joseph, MO 64502-0848**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Northwest Financial Services**  
**PO Box 848**  
**Saint Joseph, MO 64502-0848**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.62** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Northwest Financial Services**  
**PO Box 848**  
**Saint Joseph, MO 64502-0848**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.63** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Northwest Financial Services**  
**PO Box 848**  
**Saint Joseph, MO 64502-0848**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Northwest Financial Services**  
**620 Frederick ST**  
**Saint Joseph, MO 64501**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Northwest Financial Services**  
**620 Frederick ST**  
**Saint Joseph, MO 64501**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Northwest Financial Services**  
**620 Frederick ST**  
**Saint Joseph, MO 64501**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Northwest Financial Services**  
**620 Francis 4th Floor**  
**Saint Joseph, MO 64501**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number



Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

Name and Address

**NPG Newspapers, Inc.**  
**PO Box 219735**  
**Kansas City, MO 64121-9375**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.49** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**NW Financial Services**  
**620 Francis 4th Floor**  
**Saint Joseph, MO 64501**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**NW Financial Services**  
**620 Francis 4th Floor**  
**Saint Joseph, MO 64501**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Professional Account Mgmt**  
**PO Box 849**  
**Saint Joseph, MO 64502-0849**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.61** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**8199**

Name and Address

**Professional Account Mgmt**  
**PO Box 849**  
**Saint Joseph, MO 64502-0849**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.63** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**4298**

Name and Address

**State Collection Service**  
**2509 S. Stoughton Road**  
**Madison, WI 53716-3314**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.66** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**8218**

Name and Address

**Toast**  
**401 Park Drive, Ste 801**  
**Boston, MA 02215**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**US Attorney**  
**Room 5510, U.S. Courthouse**  
**400 East 9th Street**  
**Kansas City, MO 64106-2605**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Wakefield & Assoc**  
**830 E Platte Ave Unit A**  
**PO Box 58**  
**Fort Morgan, CO 80701**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**3004**

Name and Address

**Wakefield & Assoc**  
**830 E Platte Ave Unit A**  
**PO Box 58**  
**Fort Morgan, CO 80701**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**3004**

Name and Address

**Wakefield & Associates Inc**  
**3702 W Truman Blvd**  
**PO Box 1566**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.78** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

**Jefferson City, MO 65109**

Last 4 digits of account number \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

<b>Total claims from Part 1</b>	6a. <b>Domestic support obligations</b>	6a.	\$	<b>0.00</b>
	6b. <b>Taxes and certain other debts you owe the government</b>	6b.	\$	<b>8,808.35</b>
	6c. <b>Claims for death or personal injury while you were intoxicated</b>	6c.	\$	<b>0.00</b>
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	\$	<b>0.00</b>
	6e. <b>Total Priority.</b> Add lines 6a through 6d.	6e.	\$	<b>8,808.35</b>

  

<b>Total claims from Part 2</b>	6f. <b>Student loans</b>	6f.	\$	<b>0.00</b>
	6g. <b>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g.	\$	<b>0.00</b>
	6h. <b>Debts to pension or profit-sharing plans, and other similar debts</b>	6h.	\$	<b>0.00</b>
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	<b>212,681.15</b>
	6j. <b>Total Nonpriority.</b> Add lines 6f through 6i.	6j.	\$	<b>212,681.15</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Vincent Michael Giambalvo</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Kenna Jo Giambalvo</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MISSOURI		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**  
☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	<b>Brinks Home Security</b> <b>PO Box 814530</b> <b>Dallas, TX 75381-4530</b>	<b>Home Security System - \$45.00 per month; month-to-month.</b>
2.2	<b>Star Aquisitions, Inc.</b> <b>244 W Mill St, Ste 101</b> <b>Liberty, MO 64068</b>	<b>Building Lease for Business - \$6,000.00 per month; 10-year lease beginning January 18, 2018. Lease is joint with Debtor's Sister and Brother-in-Law.</b>
2.3	<b>Toast</b> <b>401 Park Drive, Ste 801</b> <b>Boston, MA 02215</b>	<b>Point of Sale Services Contract for Business</b>

**Fill in this information to identify your case:**

Debtor 1 **Vincent Michael Giambalvo**  
First Name Middle Name Last Name

Debtor 2 **Kenna Jo Giambalvo**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No  
☒ Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**  
 Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**  
 Check all schedules that apply:

3.1 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **2.1**  
☐ Schedule G \_\_\_\_\_  
**Internal Revenue Service**

3.2 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.1**  
☐ Schedule G \_\_\_\_\_  
**102.7FM**

3.3 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.60**  
☐ Schedule G \_\_\_\_\_  
**Quick Bridge Funding LLC**

Debtor 1 **Vincent Michael Giambalvo**  
**Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

*Column 1: Your codebtor*

*Column 2: The creditor to whom you owe the debt*  
Check all schedules that apply:

3.4 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.16**  
☐ Schedule G \_\_\_\_\_  
**City Water Department**

3.5 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.51**  
☐ Schedule G \_\_\_\_\_  
**Platte Clay Electric Coop., Inc.**

3.6 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.53**  
☐ Schedule G \_\_\_\_\_  
**ProGuard Services & Solutions**

3.7 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.54**  
☐ Schedule G \_\_\_\_\_  
**ProGuard Services & Solutions**

3.8 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.55**  
☐ Schedule G \_\_\_\_\_  
**ProGuard Services & Solutions**

3.9 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.56**  
☐ Schedule G \_\_\_\_\_  
**ProGuard Services & Solutions**

3.10 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.19**  
☐ Schedule G \_\_\_\_\_  
**Cooter's**

Debtor 1 **Vincent Michael Giambalvo**  
**Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

*Column 1: Your codebtor*

*Column 2: The creditor to whom you owe the debt*  
Check all schedules that apply:

3.11 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.18**  
☐ Schedule G \_\_\_\_\_  
**Consolidated Communications**

3.12 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.7**  
☐ Schedule G \_\_\_\_\_  
**Bershire Hathaway Guard Insur Co**

3.13 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.13**  
☐ Schedule G \_\_\_\_\_  
**Cintas**

3.14 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.72**  
☐ Schedule G \_\_\_\_\_  
**Spire**

3.15 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.49**  
☐ Schedule G \_\_\_\_\_  
**NPG Newspapers, Inc.**

3.16 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.17**  
☐ Schedule G \_\_\_\_\_  
**Clay County Public Health Center**

3.17 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.6**  
☐ Schedule G \_\_\_\_\_  
**Ameriglass Cleaning Inc**

Debtor 1 **Vincent Michael Giambalvo**  
**Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

*Column 1: Your codebtor*

*Column 2: The creditor to whom you owe the debt*  
Check all schedules that apply:

3.18 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.28**  
☐ Schedule G \_\_\_\_\_  
**Global Merchant Cash Inc**

3.19 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.70**  
☐ Schedule G \_\_\_\_\_  
**SGC Foodservice**

3.20 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.50**  
☐ Schedule G \_\_\_\_\_  
**Pinnacle Imports KC**

3.21 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.2**  
☐ Schedule G \_\_\_\_\_  
**Action Mailing & Printing Solutions**

3.22 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.73**  
☐ Schedule G \_\_\_\_\_  
**Star Aquisitions, Inc.**

3.23 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.27**  
☐ Schedule G \_\_\_\_\_  
**Farm to Market Bread Co.**

3.24 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.39**  
☐ Schedule G \_\_\_\_\_  
**Johnson Mechanical Services LLC**

Debtor 1 **Vincent Michael Giambalvo**  
**Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

*Column 1: Your codebtor*

*Column 2: The creditor to whom you owe the debt*  
Check all schedules that apply:

3.25 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.40**  
☐ Schedule G \_\_\_\_\_  
**Johnson Mechanical Services LLC**

3.26 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.37**  
☐ Schedule G \_\_\_\_\_  
**Hospitality Management Systems**

3.27 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.81**  
☐ Schedule G \_\_\_\_\_  
**US Foods**

3.28 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **2.2**  
☐ Schedule G \_\_\_\_\_  
**Missouri Department of Revenue**

3.29 **KVMG Restaurant Group LLC**  
**dba Giambalvo's Wood Fired Pizza & Pasta**  
**751 Watson Dr, Ste H**  
**Kearney, MO 64060-4518**

☒ Schedule D, line **2.5**  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G \_\_\_\_\_  
**Kearney Trust Company**



Fill in this information to identify your case:

Debtor 1 Vincent Michael Giambalvo

Debtor 2 Kenna Jo Giambalvo  
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number  
(If known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing  
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

##### Employment status

##### Occupation

##### Employer's name

##### Employer's address

##### How long employed there?

##### Debtor 1

- ☒ Employed  
☐ Not employed

Assembler

Ford Motor Company

PO Box 6214  
Dearborn, MI 48121-6214

October 4, 2019 to  
Present

##### Debtor 2 or non-filing spouse

- ☒ Employed  
☐ Not employed

Regional Manager

Regis Corp

7201 Metro Blvd  
Minneapolis, MN 55439

5 years

#### Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2.	<b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>2,051.00</u>	\$ <u>7,083.00</u>
3.	<b>Estimate and list monthly overtime pay.</b>	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4.	<b>Calculate gross income.</b> Add line 2 + line 3.	\$ <u>2,051.00</u>	\$ <u>7,083.00</u>

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4.	\$ 2,051.00	\$ 7,083.00
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	5a.	\$ 294.00	\$ 1,396.00
5b. Mandatory contributions for retirement plans	5b.	\$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c.	\$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d.	\$ 0.00	\$ 0.00
5e. Insurance	5e.	\$ 0.00	\$ 855.00
5f. Domestic support obligations	5f.	\$ 0.00	\$ 0.00
5g. Union dues	5g.	\$ 50.00	\$ 0.00
5h. Other deductions. Specify: <u>Critical Illness</u>	5h.+	\$ 0.00	\$ 30.00
<u>Accident Insurance</u>		\$ 0.00	\$ 29.00
<u>PreTax NonQ Plan</u>		\$ 0.00	\$ 142.00
<u>Hyatt Legal</u>		\$ 0.00	\$ 17.00
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ 344.00	\$ 2,469.00
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7.	\$ 1,707.00	\$ 4,614.00
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$ 0.00	\$ 0.00
8b. Interest and dividends	8b.	\$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ 0.00	\$ 0.00
8d. Unemployment compensation	8d.	\$ 0.00	\$ 0.00
8e. Social Security	8e.	\$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$ 0.00	\$ 0.00
8g. Pension or retirement income	8g.	\$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h.+	\$ 0.00	\$ 0.00
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$ 0.00	\$ 0.00
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ 1,707.00	\$ 4,614.00
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11.	+\$ 0.00	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12.	\$ 6,321.00	
<b>Combined monthly income</b>			
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:			

Fill in this information to identify your case:

Debtor 1 Vincent Michael Giambalvo

Debtor 2 Kenna Jo Giambalvo  
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number  
(If known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Daughter

16

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 2,173.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 400.00

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

<b>6. Utilities:</b>								
6a. Electricity, heat, natural gas	6a. \$	<b>280.00</b>						
6b. Water, sewer, garbage collection	6b. \$	<b>105.00</b>						
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>330.00</b>						
6d. Other. Specify: _____	6d. \$	<b>0.00</b>						
<b>7. Food and housekeeping supplies</b>	7. \$	<b>600.00</b>						
<b>8. Childcare and children's education costs</b>	8. \$	<b>0.00</b>						
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<b>50.00</b>						
<b>10. Personal care products and services</b>	10. \$	<b>50.00</b>						
<b>11. Medical and dental expenses</b>	11. \$	<b>100.00</b>						
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>450.00</b>						
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>0.00</b>						
<b>14. Charitable contributions and religious donations</b>	14. \$	<b>0.00</b>						
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a. \$	<b>0.00</b>						
15b. Health insurance	15b. \$	<b>0.00</b>						
15c. Vehicle insurance	15c. \$	<b>286.00</b>						
15d. Other insurance. Specify: _____	15d. \$	<b>0.00</b>						
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <b>Personal Property Taxes</b>								
	16. \$	<b>100.00</b>						
<b>17. Installment or lease payments:</b>								
17a. Car payments for Vehicle 1	17a. \$	<b>377.00</b>						
17b. Car payments for Vehicle 2	17b. \$	<b>195.00</b>						
17c. Other. Specify: <b>Nebraska Furniture Mart</b>	17c. \$	<b>35.00</b>						
17d. Other. Specify: <b>Yard Card - Mower</b>	17d. \$	<b>100.00</b>						
<b>Car Payment to Debtor's Parents</b>	\$	<b>270.00</b>						
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$	<b>0.00</b>						
<b>19. Other payments you make to support others who do not live with you.</b>	\$	<b>0.00</b>						
Specify: _____	19.							
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>								
20a. Mortgages on other property	20a. \$	<b>0.00</b>						
20b. Real estate taxes	20b. \$	<b>0.00</b>						
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>						
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>						
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>						
<b>21. Other:</b> Specify: <b>Pet Expenses</b>	21. +\$	<b>75.00</b>						
<b>Sirius XM</b>	+\$	<b>19.00</b>						
<b>Adobe</b>	+\$	<b>15.00</b>						
<b>Netflix</b>	+\$	<b>16.00</b>						
<b>School Lunches &amp; Activities</b>	+\$	<b>150.00</b>						
<b>Brinks Home Security</b>	+\$	<b>45.00</b>						
<b>22. Calculate your monthly expenses</b>								
22a. Add lines 4 through 21.	<div style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td>\$</td> <td><b>6,321.00</b></td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td><b>6,321.00</b></td> </tr> </table> </div>		\$	<b>6,321.00</b>	\$		\$	<b>6,321.00</b>
\$			<b>6,321.00</b>					
\$								
\$	<b>6,321.00</b>							
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
22c. Add line 22a and 22b. The result is your monthly expenses.								
<b>23. Calculate your monthly net income.</b>								
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$	<b>6,321.00</b>						
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<b>6,321.00</b>						
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	<b>0.00</b>						

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**  
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 **Vincent Michael Giambalvo**  
First Name Middle Name Last Name

Debtor 2 **Kenna Jo Giambalvo**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Vincent Michael Giambalvo  
**Vincent Michael Giambalvo**  
Signature of Debtor 1

Date November 11, 2019

X /s/ Kenna Jo Giambalvo  
**Kenna Jo Giambalvo**  
Signature of Debtor 2

Date November 11, 2019

**Fill in this information to identify your case:**

Debtor 1 **Vincent Michael Giambalvo**  
 First Name Middle Name Last Name

Debtor 2 **Kenna Jo Giambalvo**  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF MISSOURI**

Case number \_\_\_\_\_  
 (if known)

☐ Check if this is an amended filing

**Official Form 107**

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1 lived there

Debtor 2 Prior Address:

Dates Debtor 2 lived there

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:

**Debtor 1**

**Sources of income**  
 Check all that apply.

**Gross income**  
 (before deductions and exclusions)

- ☒ Wages, commissions, bonuses, tips  
☐ Operating a business

**\$1,564.00**

**Debtor 2**

**Sources of income**  
 Check all that apply.

**Gross income**  
 (before deductions and exclusions)

- ☒ Wages, commissions, bonuses, tips  
☐ Operating a business

**\$74,940.00**

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

	Debtor 1		Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
<b>For last calendar year: (January 1 to December 31, 2018 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$142,819.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<b>For the calendar year before that: (January 1 to December 31, 2017 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$76,863.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1	Debtor 2
Sources of income Describe below.	Sources of income Describe below.
Gross income from each source (before deductions and exclusions)	Gross income (before deductions and exclusions)

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

- ☐ No. Go to line 7.  
☒ Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Flagstar Bank 5151 Corporate Drive Attn: Mortgage Servicing E115-3 Troy, MI 48098	Regular monthly payments of \$2173.00	\$6,519.00	\$282,277.75	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other ____

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
<b>Kearney Trust Company</b> <b>310 W 92 Hwy</b> <b>Kearney, MO 64060</b>	<b>Regular monthly payments of \$1100.00</b>	<b>\$3,300.00</b>	<b>\$52,220.91</b>	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other___
<b>Evista Credit Union</b> <b>3626 SW Wanamaker Rd</b> <b>Topeka, KS 66614</b>	<b>Regular monthly payments of \$777.00</b>	<b>\$2,331.00</b>	<b>\$31,642.00</b>	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other___
<b>Ally Financial</b> <b>Payment Processing Center</b> <b>PO Box 9001951</b> <b>Louisville, KY 40290-1951</b>	<b>Regular monthly payments of \$462.00</b>	<b>\$1,386.00</b>	<b>\$22,759.00</b>	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other___

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**  
*Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.*

- ☒ No  
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
 Include payments on debts guaranteed or cosigned by an insider.

- ☐ No  
☒ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
<b>Leonard and Betty Fyock</b> <b>PO Box 156</b> <b>Prescott, KS 66767</b>	<b>Monthly payments of \$299.82 from January-August, 2019</b>	<b>\$2,398.56</b>	<b>\$0.00</b>	<b>Debtor helped her grandmother by making monthly payments on home improvement loan to Farmers Merchant Bank while grandmother was in nursing home. Grandmother's only source of income now is Medicaid and was required to sell the property in order to receive such benefits.</b>

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**  
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody



Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>Professional Anesthetic Care LLC vs. Kenna Giambalvo 18CY-CV13174</b>	<b>Collection</b>	<b>Clay County Circuit Court Clay County Courthouse 11 S Water Liberty, MO 64068</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Wakefield &amp; Associates, Inc. vs. Vincent Gaimvalco and Kenna Giamvalc 18CY-CV13139</b>	<b>Collection</b>	<b>Clay County Circuit Court Clay County Courthouse 11 S Water Liberty, MO 64068</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☒ No  
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☒ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. **Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

- ☒ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
<b>Person to Whom You Gave the Gift and Address:</b>			

14. **Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

- ☐ No  
☒ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
<b>The Rock of KC 12750 North Winan Road Kansas City, MO 64163</b>	<b>Tithes and offerings.</b>	<b>Within last two years.</b>	<b>\$10,000.00</b>

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
--	---	-------------------	------------------------

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No  
☒ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Craig's List Buyer	1989 Honda 300 ATV - \$500.00	1989 Honda 300 ATV - \$500.00	August, 2019

n/a

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☐ No

☒ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
US Bank US Bankcorp Center Attn: Bankruptcy Dept Minneapolis, MN 55402	XXXX-	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	August, 2019	\$2,173.00
Kearney Trust Company 310 W 92 Hwy Kearney, MO 64060	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>Business checking</u>	October, 2019	\$113.00

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No

☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No

☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☐ No

☒ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Judy and Calvin Swickard 523 N Springfield Ave Anthony, KS 67003	12725 Hills Road Kearney, MO 64060	2016 Ford Fiesta	\$11,000.00

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known)

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation  
☐ No. None of the above applies. Go to Part 12.

■ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed
KVMG Restaurant Group, LLC DBA Giambalvos Wood Fired Pizza & Pasta 751 Watson Drive, Suite H Kearney, MO 64060	Restaurant	EIN: 82-2018495  From-To June, 2017 to October 16, 2019 for LLC; restaurant operated from January 9, 2019 to October 17, 2019.

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Name

Date Issued

Address

(Number, Street, City, State and ZIP Code)

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Vincent Michael Giambalvo

/s/ Kenna Jo Giambalvo

Vincent Michael Giambalvo

Kenna Jo Giambalvo

Signature of Debtor 1

Signature of Debtor 2

Date November 11, 2019

Date November 11, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 **Vincent Michael Giambalvo**  
First Name Middle Name Last Name

Debtor 2 **Kenna Jo Giambalvo**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF MISSOURI**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Have Secured Claims**

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <b>Ally Financial</b>	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: <b>2016 Kia Sorrento 34,000 miles VIN: 5XYPK4A1XGG027427</b>		
Creditor's name: <b>Envista Credit Union</b>	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: <b>2016 Dodge Ram 1500 56,000 miles Crew Cab 4x4; VIN: 1C6RR7LT1GS151950</b>		
Creditor's name: <b>Flagstar Bank</b>	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property: <b>12725 Hills Road Kearney, MO 64060 Clay County</b>		

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

securing debt:

☒ Retain the property and [explain]:  
**Continue making payments**

Creditor's name: **Foursight Capital**

Description of property: **2015 Ford Focus 79,000 miles  
VIN: 1FADP3F21FL277907**  
securing debt:

☐ Surrender the property.  
☐ Retain the property and redeem it.  
☒ Retain the property and enter into a  
*Reaffirmation Agreement.*  
☐ Retain the property and [explain]:

☐ No  
☒ Yes

Creditor's name: **Kearney Trust Company**

Description of property: **12725 Hills Road Kearney, MO  
64060 Clay County**  
securing debt:

☐ Surrender the property.  
☐ Retain the property and redeem it.  
☒ Retain the property and enter into a  
*Reaffirmation Agreement.*  
☒ Retain the property and [explain]:  
**Continue making payments**

☐ No  
☒ Yes

Creditor's name: **Nebraska Furniture Mart**

Description of property: **Couch \$200 and Stove \$150**  
securing debt:

☐ Surrender the property.  
☐ Retain the property and redeem it.  
☒ Retain the property and enter into a  
*Reaffirmation Agreement.*  
☐ Retain the property and [explain]:

☐ No  
☒ Yes

Creditor's name: **TD RCS/Yard Card**

Description of property: **Grasshopper  
Mower**  
securing debt:

☐ Surrender the property.  
☒ Retain the property and redeem it.  
☒ Retain the property and enter into a  
*Reaffirmation Agreement.*  
☐ Retain the property and [explain]:

☒ No  
☐ Yes

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

Lessor's name: **Brinks Home Security**

☐ No  
☒ Yes

Description of leased Property: **Home Security System - \$45.00 per month; month-to-month.**

Lessor's name: **Star Aquisitions, Inc.**

☒ No  
☐ Yes

Description of leased

Debtor 1 **Vincent Michael Giambalvo**  
Debtor 2 **Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

Property: **Building Lease for Business - \$6,000.00 per month; 10-year lease beginning January 18, 2018. Lease is joint with Debtor's Sister and Brother-in-Law.**

Lessor's name: **Toast**

☒ No

☐ Yes

Description of leased Property: **Point of Sale Services Contract for Business**

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Vincent Michael Giambalvo  
**Vincent Michael Giambalvo**  
Signature of Debtor 1

X /s/ Kenna Jo Giambalvo  
**Kenna Jo Giambalvo**  
Signature of Debtor 2

Date November 11, 2019

Date November 11, 2019



Fill in this information to identify your case:

Debtor 1 Vincent Michael Giambalvo

Debtor 2 Kenna Jo Giambalvo  
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Missouri

Case number \_\_\_\_\_  
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ _____	\$ _____
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ _____	\$ _____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ _____	\$ _____
5. Net income from operating a business, profession, or farm	<div style="text-align: right;">Debtor 1</div> Gross receipts (before all deductions) \$ _____ Ordinary and necessary operating expenses -\$ _____ Net monthly income from a business, profession, or farm \$ _____ Copy here -> \$ _____	
6. Net income from rental and other real property	<div style="text-align: right;">Debtor 1</div> Gross receipts (before all deductions) \$ _____ Ordinary and necessary operating expenses -\$ _____ Net monthly income from rental or other real property \$ _____ Copy here -> \$ _____	
7. Interest, dividends, and royalties	\$ _____	\$ _____

Debtor 1  
Debtor 2

**Vincent Michael Giambalvo**  
**Kenna Jo Giambalvo**

Case number (if known)

Column A  
Debtor 1

Column B  
Debtor 2 or  
non-filing spouse

**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$  
For your spouse \$

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ \$

**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ \$  
\$ \$  
+ \$ \$  
Total amounts from separate pages, if any.

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ + \$ = \$  
Total current monthly income

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 Copy line 11 here=>

\$

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

Fill in the number of people in your household.

Fill in the median family income for your state and size of household.  
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

13. \$

**14. How do the lines compare?**

- 14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.
- 14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ Vincent Michael Giambalvo**  
**Vincent Michael Giambalvo**  
Signature of Debtor 1

**X /s/ Kenna Jo Giambalvo**  
**Kenna Jo Giambalvo**  
Signature of Debtor 2

Date **November 11, 2019**

Date **November 11, 2019**

Debtor 1  
Debtor 2

**Vincent Michael Giambalvo**  
**Kenna Jo Giambalvo**

Case number (if known) \_\_\_\_\_

MM / DD / YYYY

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1 Vincent Michael Giambalvo

Debtor 2 Kenna Jo Giambalvo

(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Missouri

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 122A - 1Supp

### Statement of Exemption from Presumption of Abuse Under § 707(b)(2)

12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

#### Part 1 Identify the Kind of Debts You Have

1. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 1).

☒ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

☐ Yes. Go to Part 2.

#### Part 2: Determine Whether Military Service Provisions Apply to You

2. **Are you a disabled veteran** (as defined in 38 U.S.C. § 3741(1))?

☐ No. Go to line 3.

☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).

☐ No. Go to line 3.

☐ Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

3. **Are you or have you been a Reservist or member of the National Guard?**

☐ No. Complete Form 122A-1. Do not submit this supplement.

☐ Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).

☐ No. Complete Form 122A-1. Do not submit this supplement.

☐ Yes. Check any one of the following categories that applies:

☐ **I was called to active duty after September 11, 2001**, for at least 90 days and remain on active duty.

☐ **I was called to active duty after September 11, 2001**, for at least 90 days and was released from active duty on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.

☐ **I am performing a homeland defense activity for at least 90 days.**

☐ **I performed a homeland defense activity for at least 90 days**, ending on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

Fill in this information to identify your case:

Debtor 1 Vincent Michael Giambalvo

Debtor 2 Kenna Jo Giambalvo  
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Missouri

Case number \_\_\_\_\_  
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ _____	\$ _____
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ _____	\$ _____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ _____	\$ _____
5. Net income from operating a business, profession, or farm	<div style="text-align: right;">Debtor 1</div> Gross receipts (before all deductions) \$ _____ Ordinary and necessary operating expenses -\$ _____ Net monthly income from a business, profession, or farm \$ _____ Copy here -> \$ _____	
6. Net income from rental and other real property	<div style="text-align: right;">Debtor 1</div> Gross receipts (before all deductions) \$ _____ Ordinary and necessary operating expenses -\$ _____ Net monthly income from rental or other real property \$ _____ Copy here -> \$ _____	
7. Interest, dividends, and royalties	\$ _____	\$ _____

Debtor 1  
Debtor 2

**Vincent Michael Giambalvo**  
**Kenna Jo Giambalvo**

Case number (if known)

Column A  
Debtor 1

Column B  
Debtor 2 or  
non-filing spouse

**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$  
For your spouse \$

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ \$

**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ \$  
\$ \$  
+ \$ \$  
Total amounts from separate pages, if any.

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ + \$ = \$  
Total current monthly income

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 Copy line 11 here=>

\$

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

Fill in the number of people in your household.

Fill in the median family income for your state and size of household.  
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

13. \$

**14. How do the lines compare?**

- 14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.
- 14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ Vincent Michael Giambalvo**  
**Vincent Michael Giambalvo**  
Signature of Debtor 1

**X /s/ Kenna Jo Giambalvo**  
**Kenna Jo Giambalvo**  
Signature of Debtor 2

Date **November 11, 2019**

Date **November 11, 2019**

Debtor 1  
Debtor 2

**Vincent Michael Giambalvo**  
**Kenna Jo Giambalvo**

Case number (if known)

MM / DD / YYYY

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1 Vincent Michael Giambalvo

Debtor 2 Kenna Jo Giambalvo  
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Missouri

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 122A - 1Supp

### Statement of Exemption from Presumption of Abuse Under § 707(b)(2)

12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

#### Part 1 Identify the Kind of Debts You Have

1. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 1).

- ☒ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
- ☐ Yes. Go to Part 2.

#### Part 2: Determine Whether Military Service Provisions Apply to You

2. **Are you a disabled veteran** (as defined in 38 U.S.C. § 3741(1))?

- ☐ No. Go to line 3.
- ☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Go to line 3.
- ☐ Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

3. **Are you or have you been a Reservist or member of the National Guard?**

- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Check any one of the following categories that applies:
- ☐ **I was called to active duty after September 11, 2001**, for at least 90 days and remain on active duty.
  - ☐ **I was called to active duty after September 11, 2001**, for at least 90 days and was released from active duty on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.
  - ☐ **I am performing a homeland defense activity for at least 90 days.**
  - ☐ **I performed a homeland defense activity for at least 90 days**, ending on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.